

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 5-3-2010

Address: 306 GRANT STREET

Case #: PO 10-065D

MT VERNON IN

County: Posey

47620

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open – No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): 1/5 2 LITER
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: 1 CAN ETHER
☐ Water Reactive Metal (Lithium): _____
☒ Anhydrous Ammonia: TRACE
☒ Hydrochloric Acid Gas Generator(s): 2
☐ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: MT VERNON

Fax: _____

Health Department: POSEY COUNTY

Fax: _____

Child Protection Service:

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: K. ROSE

Phone 812-307-0047

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.